



NATIONAL PHARMACEUTICAL STOCKPILE PROGRAM

WHAT IS THE PUBLIC HEALTH PROBLEM?

The release of selected biological or chemical agents in a terrorist attack may create the necessity for rapid access to large quantities of pharmaceuticals, antidotes, and other medical supplies. No one can anticipate exactly where a terrorist will strike, and few state or local governments have the resources to create sufficient stockpiles on their own. The [National Pharmaceutical Stockpile \(NPS\)](#) is designed to bolster state and local supplies in response to a biological and/or chemical terrorist attack or other catastrophic event.

WHAT HAS CDC ACCOMPLISHED?

Congress charged CDC with developing and managing the NPS in January 1999. The NPS includes two components: 12-hour push packages and vendor-managed inventory (VMI) packages. Stored in secure and strategic locations across the United States, push packages can be readily deployed to an affected area within 12 hours. If the incident requires an additional or multiphased response, VMI packages are also shipped and will arrive within 24–36 hours. VMI packages consist of pharmaceuticals and supplies specific to the suspected or confirmed agents or combination of agents. Both push packages and VMI packages are designed for transport by air or land, depending on which route is most efficient in a specific situation.

Example of program in action: The NPS Program was tested in a real-life terrorist attack in response to the tragic events of September 11, 2001. One 12-hour push package and additional VMI pharmaceuticals were sent to New York City in response to a request from the State. With the support of local and state public health and emergency response officials, the New York operation functioned well. In fact, the NPS Program actually exceeded expectations for response time in the New York operation, delivering a 12-hour push package within 7 hours of approved deployment. The NPS Program also assisted many states and cities by providing pharmaceutical and logistical support to areas affected by the anthrax attacks in October and November 2001.

WHAT ARE THE NEXT STEPS?

- Expand capacity to include the ability to respond to new and emerging threats.
- Maintain and upgrade medical materiel in the NPS.
- Continue research concerning practical and operational issues when responding to a chemical or biological terrorism incident and when treating people exposed to an agent.
- Continue to work with state and local authorities to help them prepare to receive and distribute NPS assets in the event of a terrorist attack or other catastrophic event.

For information about this or other CDC programs, visit www.cdc.gov/programs.

February 2002